Notes:

*** Check the box where appropriate**

FORM 14A
IMMIGRATION ACT 1959 [SECTION – 55(1)]

Affix a recent Passport-size photograph here

APPLICATION FOR ENTRY VISA

PART I – PARTICULARS OF APPLICANT

Name:
(Full name as shown in travel document)

SUHRITH AKILESH

Alias:

Date of Birth: 17 — 08 — 2024 (*D D M M Y Y Y Y*)

Sex:* ■ **Male** ☐ **Female**

Marital Status:* ■ **Single** ■ **Married** ☐ **Separated** ☐ **Divorced** ☐ **Widowed** ☐ **Cohabited** ☐ **Customary**

Nationality/Citizenship of Spouse:*

☐ **Singapore Citizen** **NRIC No.**

☐ **Singapore Permanent Resident** **NRIC No.**

☐ **Others (Please Specify):** _____

Country/Place of Birth: INDIA

State/Province of Birth: TAMIL NADU

Race: (***e.g. Malay, Indian, Chinese, Caucasian, etc***) INDIAN

Nationality/Citizenship: INDIAN

Type of Travel Document Held:*

■ **International Passport** ☐ **Diplomatic Passport** ☐ **Official Passport**
☐ **Service Passport** ☐ **Document of Identity** ☐ **Certificate of Identity**
☐ **Others (please specify)** _____

Travel Document No.: AR8925558

Travel Document Issued Date: 07 — 05 — 2026 (*D D M M Y Y Y Y*)

Expiry Date: 06 — 05 — 2031 (*D D M M Y Y Y Y*)

Country/Place of Issue: CHENNAI, INDIA

For Chinese Nationals Only
PRC ID Number

THIS FORM IS ISSUED FREE

Address in Country/Place of Origin/Residence

Country/Place of Origin/ Residence: INDIA

Division/State/Province of Origin/Residence: TAMIL NADU

Prefecture of Origin/ Residence:

County/District of Origin/ Residence:

Address: No.1, VENKATRAMAN STREET, SRINIVASA AVENUE, RAJA ANNAMALAI PURAM, CHENNAI PIN: 600028

PART II – OTHER DETAILS

Email Address: AISHWARYA10R@GMAIL.COM

Contact Number: +919986843050

Occupation:

Highest Academic/ Professional Qualifications Attained:* ☐ **No Formal Education** ■ **Primary** ☐ **Secondary** ☐ **Pre-University** ☐ **Diploma** ☐ **University** ☐ **Post-Graduate**

Annual Income in Singapore dollars (SGD):

Religion: HINDU

Expected Date of Arrival in Singapore: D D — M M — Y Y Y Y

Type of Visa:* ☐ **Single Journey** ☐ **Double Journey** ☐ **Triple Journey** ■ **Multiple Journey**

Purpose of visit:* ■ **Social** ☐ **Business**

Details of purpose: TOURISM

How long do you intend to stay in Singapore:* ☐ **Less than 30 days** ☐ **More than 30 days**

If your intended stay in Singapore is more than 30 days, please state the reason for your intended length of stay and the duration

Address in Singapore

Where will you be staying in Singapore?:*

☐ Next of Kin's Place ☒ Relative's Place ☐ Friend's Place ☐ Hotel ☐ Others (Please specify): _____

Block/House No.:	Floor No.:	Unit No.:	Postal Code:
53A			249566

Street Name: GRANGE ROAD **Contact No:** +6583397508

Building Name: #1603, SPRING GROVE, SINGAPORE

Did you reside in other countries/places, other than your country/place of origin, for one year or more during the last 5 years ?*

☐ **Yes** ☒ **No**

If yes, please furnish details		Period of Stay	
Country/Place	**Address**	**From**	**To**

Details of Travelling Companion
(Only for applicant who is 12 years old or less at the point of application. Details are not required if applicant is accompanied by an airline representative.)

Relationship of Travelling Companion To Applicant:

Name:

Date of Birth: ☐☐–☐☐–☐☐☐☐ (*D D M M Y Y Y Y*) **Sex:*** ☐ **Male** ☐ **Female**

Nationality/Citizenship:

Travel Document Number:

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PART III – PARTICULARS OF LOCAL CONTACT

Details of Local Contact or Company/Hotel in Singapore

Name of Local Contact /Company/Hotel: BOOMISH GOPALAKRISHNAN

Relationship of Local Contact/Company/ Hotel to Applicant: RELATIVE

Contact No.: +6583397508 **Email Address:** _____

PART IV – ANTECEDENT OF APPLICANT*

(a) Has the applicant ever been refused entry into or deported from any country/place, including Singapore?	☐ **Yes**	☒ **No**
(b) Has the applicant ever been convicted in a court of law in any country/place, including Singapore?	☐ **Yes**	☒ **No**
(c) Has the applicant ever been prohibited from entering Singapore?	☐ **Yes**	☒ **No**
(d) Has the applicant ever entered Singapore using a different name, sex, nationality/citizenship, or date of birth?	☐ **Yes**	☒ **No**

If any of the answer is "YES", please furnish details below

_____

_____

_____

PART V - DECLARATION BY APPLICANT

I declare that all information submitted in this application is true, accurate and complete to the best of my knowledge and belief. I understand that, if I have concealed relevant information or provided false, inaccurate or misleading information, I may be prosecuted and any facilities, rights or privileges granted under this application may be withdrawn.

I undertake not to misuse controlled drugs or to take part in any political or other activities during my stay in Singapore which would make me an undesirable or prohibited immigrant under the Immigration Act 1959.

I undertake to comply with the provisions of the Immigration Act 1959 and any regulations made thereunder or any statutory modification or re-enactment thereof for the time being in force in Singapore.

I undertake not to involve in any criminal offences in Singapore.

I undertake not to indulge in any activities which are inconsistent with the purpose for which the immigration passes have been issued

I further undertake not to be engaged in any form of employment, business or occupation whilst in Singapore without a valid work pass issued under the Employment of Foreign Manpower Act 1990.

I am aware that overstaying or working illegally in Singapore is a serious offence and on conviction, the penalties may include mandatory imprisonment and caning.

I understand that if the Controller of Immigration is satisfied that I or any member of my family breaches this undertaking or becomes an undesirable or prohibited immigrant, he will cancel my immigration pass and the passes of the members of my family, and we may be required to leave Singapore within 24 hours of such cancellation.

I understand that this application for and possession of a visa does not guarantee entry into Singapore and permission to entry is entirely discretionary at the point of entry.

I give my consent for your department to obtain and verify information from or with any source as you deem appropriate for the assessment of my application for immigration facilities.

_____ _____

Date **Signature of Applicant**